

JUL 2 2 2002

COMBINED DECLARATION AND POWER OF ATTORNEY

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As a below named riversity hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [x] sole/[] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND APPARATUS FOR DIGITAL MEDIA MANAGEMENT, RETRIEVAL AND COLLABORATION**, the specification of which

MANA	SEMENT, RETRIE	VAL AND COLLA	ABORATION, the specifical	tion of which	
(a) []	is attached hereto.				
(b) [x]	was filed on April 2 amended on		as Application Serial No.	10/063,409	and was
(c) []	was described and amended on	I claimed in Interr	national Application No		filed on
includir	ng the claims, as an ution which is mater	reviewed and undeneded by any and to the patental to the paten	dgment of Duty of Disclo erstood the content of the an endment referred to above bility of the subject matter of Regulations § 1.56(a).	above identifie e. I acknowle	dge the duty to disclose
365(c) insofar States acknow	of any PCT interna as the subject mat or PCT internationa rledge the duty to d n the filing date of	tional application ter of each of the al application in th isclose material in	35 U.S.C. § 120 nited States Code, § 120 of designating the United Stat claims of this application is the manner provided by the information as defined in 37 on and the national or PCT	tes of America not disclosed first paragraph CFR § 1.56 v	a, listed below and, I in the prior United n of 35 U.S.C. § 112, I which became available
PCT/	US01/26841	28 Aug 2001	Pending		
	ion Serial No.)	(Filing Date)	(Status)(patented,pending,aban	doned)	(Patent No. if applicable)
(Applicat	ion Serial No.)	(Filing Date)	(Status)(patented,pending,aban	doned)	(Patent No. if applicable)

Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. No. 32,746 and Marina T. Larson, PTO Reg. No. 32,038, of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Dillon, CO 80435-5068 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:



DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970)468-6600

PATENT TIMOBYNK OFFICE

Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES[]NO[]	YES[]NO[]
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

Provisional Application

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/228,837	28 August 2000	
(application number)	(filing date)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like o made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME FLANK	FIRST NAME SHARON	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Vienna	STATE OR COUNTRY OF RESIDENCE Virginia	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS eMotion, Inc. 2600 Park Tower Drive		СПҮ Vienna	STATE/COUNTRY ZIP CODE VA 22180
DATE 7 May 2002		SIGNATURE	

[] Signature for additional joint inventor attached. Numer of Pages ____

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ___.

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.